ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE DININISTRATOR

doors meeting 19.3.6.3.6 are permitted. 19.3.6.3

(X6) DATE

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days flowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ogram participation.

DRM CMS-2587(02-99) Previous Versions Obsolete

Event ID: 88R\$21

Facility ID: TN3101

If continuation sheet Page 1 of 8

DEPARTMENT OF HEALTH AND HUMAN SERVICES

8655945739 >>

9319242055 P 7/14

PRINTED: 12/05/2014 FORM APPROVED

AND PLAN OF CORRECTION AND PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (X4) ID PRETIX TAG CONSTRUCTION TREGULATORY OR LSC IDENTIFYING INFORMATION) TAG CONSTRUCTION AND PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS, CITY, STATE, ZIP CODE 25 SECOND STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION FROVIDERS PLAN OF CORRECTION FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS, CITY, STATE, ZIP CODE 25 SECOND STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDERS PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDER OR STATE TAG STREET MONTEAGLE, TN 37358 FROVIDER PLAN OF CORRECTION TAG STREET MONTEAGLE, TN 37358 FROVIDER OR S	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FOR	M APPROVE
RIDGE AT MONTEAGLE (THE) STREET ADDRESS, CITY, STATE, ZIP CODE 25 SECOND STREET MONYEAGLE, TN 37356 (CA) ID REGULATORY OR LSG IDENTIFYING INFORMATION) K 018 Continued From page 1 2. Observation on 12/1/14 at 12:40 PM, revealed the bottom of the corridor's fire door located next to 302 was dragging on the floor. NFPA 80, 15-1.4 (1999 Edition) These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 12/1/14. K 025 SS=F Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 STREET ADDRESS, CITY, STATE, ZIP CODE 25 SECOND STREET MONYEAGLE, TN 37356 ID PROFTIX TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CARDS. THE PROVIDERS PLAN OF CORRECTION SHOULD BE CARDS. THE PROVIDERS PAPOR PLAN OF CORRECTION SHOULD BE CARDS. THE PROVIDERS PAPOR PLAN OF CARDS. THE PROVIDERS PAPOR PLAN OF CARDS. THE PROVIDERS PAPOR PL	STATEMEN'	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
ROLLET ADDRESS, CITY, STATE ZIP CODE 25 SECOND STREET MONTEAGLE, TN 37356 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LOC IDENTIFYING INFORMATION) K 018 Continued From page 1			445393	B. WING				
SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) K 018 Continued From page 1 2. Observation on 12/1/14 at 12:40 PM, revealed the bottom of the corridor's fire door located next to 302 was dragging on the floor. NFPA 80, 15-1.4 (1999 Edition) These findings were verified by the maintenance director during the exit conference on 12/1/14. K 025 SS=P Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. This STANDARD is not met as evidenced by: In PREFIX (20A CORRECTIVE ACTION SHOULD BE (CACH DEFINE) (CACH STANDARD PROPENTATE TAGE (CACH DEFINE) (CACH STANDAR PROPENTATE TAGE (CACH STANDAR PR			E)		2	RESECOND STREET	<u> 13</u>	<u> </u>
2. Observation on 12/1/14 at 12:40 PM, revealed the bottom of the corridor's fire door located next to 302 was dragging on the floor. NFPA 80, 15-1.4 (1999 Edition) These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 12/1/14. K 025 SS=P Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers faily ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 K 18 all health care facilities. Residents affected/residents potentially affected: Though no residents of each floor, leading in the facility hautenance Director and Assistant Maintenance Director Assistant Maintenance Director will correct the dragging on the fire door located next to 302 by 1/9/2015. Systemic measures: The Facility Maintenance Director and Assistant Maintenance Director completed a 100% inspection of all fire door labels on 12/19/2014 and ensured that all were visible and not covered. The Regional Maintenance Director Assistant Maintenance Director/Assistant Maintenance Director/Assistant Maintenance Director/Assistant Maintenance Director will complete an inspection of all fire doors by 1/9/2015 and ensure there are no impediments to the closing of the doors. Monttoring Measures: The Facility Maintenance Director/Assistant Maintenance Director will inspect all fire door labels monthly and ensure they are visible and not covered and remove any coverings if found. The Facility Maintenance Director/Assistant Maintenance Director/Assistant Maintenance Director/Assistant Maintenance Director/Assistant Maintenance Director/Assistant Maintenance Director/Assistant Maintenance Director/Assist	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFE	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETION DATE
determined the facility failed to maintain the smoke barriers. The findings included: impediments to the closing of the doors, All negative findings will be reported to the administrator immediately. All findings will be reported to the QA committee monthly.	K 025 SS=F	2. Observation on the bottom of the coto 302 was dragging 15-1.4 (1999 Edition). These findings were director during the sthe administrator during the administrator during the sthe administrator during the standard of the	IZ/1/14 at 12:40 PM, revealed pridor's fire door located next on the floor. NFPA 80, i) I verified by the maintenance urvey and acknowledged by ring the exit conference on ETY CODE STANDARD Constructed to provide at fire resistance rating in Smoke barriers may m wall. Windows are id glazing or by wired glassines. A minimum of two ints are provided on each of required in duct to barriers in fully ducted and air conditioning systems. Inc. 3, 19.1.6.4		25 III control of the	Roller latches are prohibited by CMS regular all health care facilities. Residents affected/residents potentially at Though no resident(s) were mentioned, residentially in the facility have the potential to affected by the cited practice. The Facility Maintenance Director and Assistant Mainten Director completed removing the paint from identified fire door labels on 12/19/2014. The Regional Maintenance Consultant/Facilimaintenance Director/Assistant Maintenance Director will correct the dragging on the fire located next to 302 by 1/9/2015. Systemic measures: The Facility Maintenance Director and Assis Maintenance Director completed a 100% insof all fire door labels on 12/19/2014 and ensithat all were visible and not covered. The Regional Maintenance Consultant/Facilimaintenance Director/Assistant Maintenance Director will complete an inspection of all findoors by 1/9/2015 and ensure there are no impediments to the closing of the doors. Monitoring Measures: The Facility Maintenance Director/Assistant Maintenance Director will inspect all fire docabels monthly and ensure they are visible and covered and remove any coverings if found. The Facility Maintenance Director/Assistant Maintenance Director will inspect all fire docabels monthly and ensure they are visible and covered and remove any coverings if found. The Facility Maintenance Director/Assistant Maintenance Director will inspect all fire docabels monthly and ensure they are visible and covered and remove any coverings if found. The Facility Maintenance Director will inspect all fire docabels monthly and ensure they are visible and covered and remove any coverings if found. The Facility Maintenance Director will inspect all fire docabels monthly and ensure they are visible and covered and remove any coverings if found. The Facility Maintenance Director will inspect all fire docabels monthly and ensure they are no impediments to the closing of the doors. All regative findings will be reported to the dministrator immediately. All findings will be	ffected: dents be nance the ity door stant pection ured fty re	1

Observation on 12/1/14 at 11:59 AM, revealed

throughout the attic. National Fire Protection

penetrations in the moke barriers located

Association (NFPA) 101, 8,3,6,1

1/9/2015

NFPA 101 Life Safety Code Standard

Smoke barriers are constructed to provide at least

one half hour fire resistance rating in accordance

with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or

IATEMEN'	r of deficiencies	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MILL TIE	I E CONSTRUCTION	1	<u>. 0938-039</u>
ID PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION 3 01 - MAIN BUILDING 01	CON	re survey MPLETED	
	· · · · · · · · · · · · · · · · · · ·	445393	B. WING_		10	ioa moa a
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12	01/2014
BRIDGE	AT MONTEAGLE (TH	E)		26 SECOND STREET MONTEAGLE, TN 37356		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	iD		W/A.I	
PRÉFIX TAG	I (EACH DEFICIENCY	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
K 025	Continued From pa	ne 2	16.005	by wired glass panels and steel frames.	A minimum	
	///////	5 -2	1 1025	of two separate compartments are proving or. Dampers are not required in duet	ded on each	
	This findings were v	erified by the maintenance	ļ	jof smoke barriers in fully ducted heating	g_	
	director during the s	urvey and acknowledged by		(ventilating, and air conditioning system	s. 19.3.7.3,	
į	the administrator du	ring the exit conference on		19.3.7.5, 19.1.6.3, 19.1.6.4.		
K 052	12/1/14.	TTT/ 000= ======		Residents affected/residents potential Though no resident(s) were mentioned,	ly affected:	
SS=F	NEFA TOT LIFE SAF	ETY CODE STANDARD	· K 052	residing in the facility have the potentia	residents I to be	
33-1	A fire alarm system	required for life safety is		affected by the cited practice. The Facil	itv	
	installed, tested, and	maintained in accordance		Maintenance Director/Assistant Mainter	nance	
į	with NFPA 70 Nation	al Electrical Code and NEPA		Director will seal the cited penetrations	in the attic	
ł	72. The system has	an approved maintenance		with fire sealant rated at four hours by 1 Systemic measures:	/9/2015.	
}	and testing program	complying with applicable	,	The Facility Maintenance Director/Assis	tant	
-	requirements of MFF	PA 70 and 72. 9.6.1.4		Maintenance Director will complete a 10)0% İ	
!	•		1	inspection of all smoke barriers and ensi-	re that all	
			ļ	smoke barriers are free of penetrations b	y 1/9/2015.	
ŀ				The Facility Maintenance Director/Assis Maintenance Director will seal any pene	tant	
.		İ		created in the smoke barrier as they occur	r due to	
Ī			ł	necessary building maintenance. The Fac	ility	
1		•	į	Maintenance Director/Assistant Mainten	ance	
			ļ	Director will follow up behind all outside	contract	İ
].	This STANDARD is	not met as evidenced by:	}.	work and visually inspect for and seal if penetrations in the smoke barriers.	found any	
i	Based on observation	ns and testing, it was		Monitoring Measures:		
- 1	determined the facilit	y failed to maintain the fire	- 1	The Facility Maintenance Director/Assist	ant	
	alarm system,		į į	Maintenance Director will inspect all sme	ske	
-	The findings included			barriers for penetrations monthly for thre	e months	ļ
j	me indings incipaet		,	and quarterly thereafter, after all facility in maintenance projects requiring new pene	outding trationa to	
1	Observations and tes	iting of the main fire alarm	10	be created, and after outside contractors be	ave	
1	panel on 12/1/14 at 1	:20 PM, revealed that when	ĮĮ	performed services that could potentially	have	
	phone lines #1 or #2	were disconnect from the	1	equired new penetrations into the smoke	barriers.	
1	panel, there were no	audible or visual signals at	į,	o ensure smoke barriers are free of penet o rescal any penetrations found upon ins	rations and	į
		es stations' fire alarm's		o resear any penetrations found upon insp All negative findings will be reported to t	bection.	
[]	annunciator panei. I ecelved the trouble s	he monitoring station did not	[[administrator immediately. All findings v	vill be	İ
[]	COCIVED THE HOURING S	NACOLIAL FITE	- 1	reported to the QA committee monthly.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			OMB NO. 0938-039					
AND PLAN OF CORRECTION IDENTIFIC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION 5 01 - MAIN BUILDING 01	(X3) DAT	DATE SURVEY COMPLETED	
1		445000]					
NAME OF	PROVIDER OR SUPPLIER	445393	8. WING			12/	01/2014	
1					STREET ADDRESS, CITY, STATE, ZIP CODE		•	
BRIDGE	E AT MONTEAGLE (TH	E)			26 SECOND STREET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	· · · · ·	1	MONTEAGLE, TN 37356			
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE KATE	(X5) COMPLETION DATE	
K 052	Continued From pa	mo 3			K 052 NFPA 101 Life Safety Code Star	ndard	12/11/2014	
" "			K)52	A fire alarm system required for life safety i installed, tested, and maintained in accordan	S	1	
l	director during the s	rerified by the maintenance survey and acknowledged by			NFPA 70 National Electrical Code and NFP	A 72		
	the administrator du	tring the exit conference on			The system has an approved maintenance an	ıd .	[
	12/1/14.				testing program complying with applicable	1	•	
K 061	NFPA 101 LIFE SAF	ETY CODE STANDARD	Κo	61	requirements of NFPA 70 and 72. 9.6.1.4 Residents affected/residents potentially affected:		J	
SS≃F	la.				Though no resident(s) were mentioned, resident	fected:	1	
	Mednited satisfaction	sprinkler systems have			residing in the facility have the potential to b	e l		
	will sound when the	o that at least a local alarm valves are closed. NFPA			affected by the cited practice. Staff was educ	ated to	1	
	72, 9.7.2.1	VOIVES AIR Closed. NPPA			call 911 in the event of an actual fire due to t	he		
					potential of the monitoring company not bein contacted when phone lines were down. The	ng facility	1	
				- 1	fire detection contractor which maintains the	fire	- }	
		[1	alarm system was contacted and informed of	the	}	
	,	i			findings and the contractor completed the nec	cessary		
	This STANDARD is	not met as evidenced by:		į.	work to bring the identified annunciator pane this code on 12/11/2014.	lupto	•	
	Based on observations, it was determined the			- :	Systemic measures:	ĺ		
	facility falled to supe	facility falled to supervise the require values in the		- 1	The fire alarm contractor tested all annunciat	or		
	sprinkler system.	İ	•		panels on 12/11/2014 and ensured that each		j	
	The findings included	4.			responded with an audible and a visual signal the phone lines were disconnected.	when	i	
		}		1	Monitoring Measures:	- !		
	Observation on 12/1/	/14 at 1:00 PM revealed the		- 17	The Facility Maintenance Director/Assistant	[1	
	back flow prevention	ick flow prevention device had 2 values that ere not supervised at the main fire alarm panel, ational Fire Protection Association (NFPA) 72,			Maintenance Director will test all annunciator	r		
:	Were not supervised				panels monthly to ensure all annunciator pane espond with an audible and a visual signal w	els [
	2-9.1 (1999 Edition)	ion Association (NFPA) 72,		t	he phone lines are disconnected and report ar	nen nv		
ſ	(1100 -0111)			Į.	problems found to the facility contractor for f	ire		
	This findings were ve	rified by the maintenance			detection for repairs.			
	director during the survey and acknowledged by it			a la	All negative findings will be reported to the dministrator immediately. All findings will b	_		
	the administrator dur 12/1/14,	ing the exit conference on		r	eported to the QA committee monthly.			
K 062		ETY CODE STANDARD	К 06		· · · · · · · · · · · · · · · · · · ·	·		
SS=E	THE PER CONTRACTOR	- I I JOBE OTATIONAD	K 06		C 061 NFPA 101 Life Safety Code Stand	lard	1/9/2015	
	Required automatic s	sprinkler systems are		F	Required automatic sprinkler systems have va	dves i	1/9/2013	
	continuously maintair	ned in reliable operating		s	upervised so that at least a local alarm will so	ound		
İ	condition and are ins	pected and tested		V.	when the valves are closed. NFPA 72, 9.7.2.1			
	periodically, 19.7.6	, 4.6.12, NFPA 13, NFPA 25,		$ _{\mathrm{T}}^{\mathbf{r}} $	Residents affected/residents potentially affer hough no resident(s) were mentioned, reside	ected:	1	
	27/00 00) Desident Verden 0		<u>'</u>	-1.4	mong. no resident(s) were memoried, reside	ats		

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

(X4) ID PREFIX

TAG

445393

PRINTED: 12/05/2014

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

> (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01

> > B. WING

PREFIX

TAG

OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED

FORM APPROVED

12/01/2014

(X5) COMPLETION DATE

1/9/2015

NAME OF PROVIDER OR SUPPLIER

BRIDGE AT MONTEAGLE (THE)

STREET ADDRESS, CITY, STATE, ZIP CODE

26 SECOND STREET

MONTEAGLE, TN 37356

K 062	Continued From page 4
	9.7.5

This STANDARD is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain the sprinkler system.

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

The findings included:

- Observation on 12/1/14 at 12:26 PM, revealed corroded sprinklers in the following areas:.
- a) West shower room (2 each)
- b) Special care unit shower room National Fire Protection Association (NFPA) 25. 2-2.1.1 (1999 Edition)
- Observation of room 208 on 12/1/14 at 12:28 PM, revealed 2 painted sprinklers, NFPA 25, 2-2.1.1 (1999 Edition)
- Record review on 12/1/14 at 1:54 PM, revealed the facility failed to provide documentation for the sprinkler systems 5 year obstruction investigation. NFPA 25, 10,2 (1999 Edition)

These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 12/1/14.

K 067 NFPA 101 LIFE SAFETY CODE STANDARD SS=F

Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturers specifications, 19.5.2.1, 9.2, NFPA 90A.

residing in the facility have the potential to be K 062 affected by the cited practice. The facility contractor for fire detection and the facility contractor for fire suppression were contacted and notified of this finding and both contractors will complete the necessary work to bring the identified valves up to code by 1/9/2015.

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

Systemic measures:

All facility backflow prevention devices and valves will be inspected by the facility contractor for fire detection and verified to be in compliance with this code by 1/9/2015.

Monitoring Measures:

All back flow prevention valves will be inspected quarterly by the facility contractor for fire detection to determine they are in compliance with this code and to repair any problems found in order to maintain compliance with this code. All negative findings will be reported to the administrator immediately. All findings will be reported to the QA committee monthly.

NFPA 101 Life Safety Code Standard Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Residents affected/residents potentially affected: Though no resident(s) were mentioned, residents residing in the facility have the potential to be

affected by the cited practice. The facility contractor for fire suppression was contacted and notified of this finding and will complete the necessary work to bring the identified sprinklers up to code by 1/9/2015.

K 067 Systemic measures:

> The facility contractor for fire suppression will inspect all sprinklers and verify that they are in compliance with this code by 1/9/2015.

Monitoring Measures:

The Facility Maintenance Director/Assistance Maintenance Director will inspect sprinklers

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 12/05/2014 FORM APPROVED OMB NO. 0938-0391

CTATCLE	Y AC DESIGNATION				MR MC	<u>), 093</u> 8-0391			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 301 - MAIN BUILDING 01	(X3) DA	TE SURVEY MPLETED			
		445393	B. WING		12	IB1/201A			
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	98	(X5) COMPLETION DATE			
K 067	Continued From pa 19.5.2.2	ge 5	K 067	monthly to verify they are in compliance we code and report any problems found to the contractor for fire suppression for repairs. A negative findings will be reported to the administrator immediately. All findings will reported to the QA committee monthly.	facility All				
	Based on observation determined the facily heating, ventilating, system. National Fill (NFPA) 90 A (1999). The findings include 1. Observation on 12 paint on the ceiling of located the following a) Front corridor next b) Laundry room c) Beauty shop d) Nurse practitioner e) Corridor next to row National Fire Protect (1999) Edition) 2. Observation on 12 the laundry washer row working. Interview wirevealed the fan has week. NFPA 90 A (1)	d: 2/1/14 at 11:45 AM, revealed ire damper fusible links areas: it the therapy office office from 140 ion Association (NFPA) 90 A 2/1/14 at 12:08 AM, revealed from's exhaust vent was not the maintenance director not been working for a 999 Edition)		K 067 NFPA 101 Life Safety Code State Heating, ventilating, and air conditioning or with the provisions of section 9.2 and are in in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19 Residents affected/residents potentially a Though no resident(s) were mentioned, resiresiding in the facility have the potential to affected by the cited practice. The Facility Maintenance Director/Assistant Maintenance Director will replace the identified fire damy with new fire dampers containing new fusib by 1/9/2015. Systemic measures: The Facility Maintenance Director/Assistant Maintenance Director will inspect all fire dafusible links and verify that they are in compaint this code by 1/9/2015. Monitoring Measures: The Maintenance Director/Assistant Maintenance Director will inspect all fire damper fusible I quarterly to verify they are in compliance with the code and replace any found not in compliance with the dampers containing new fusible links and replace any found not in compliance with the dampers containing new fusible links and replace any found not in compliance with the dampers containing new fusible links and replace any found not in compliance with the dampers containing new fusible links and replace any found not in compliance with the dampers containing new fusible links and replace any found not in compliance with the dampers containing new fusible links and replace any found not in compliance with the dampers containing new fusible links and replace any found not in compliance with the dampers containing new fusible links and replace any found not in compliance with the dampers containing new fusible links and replace any found not in compliance with the dampers containing new fusible links and replace any found not in compliance with the dampers containing new fusible links and replace any found not in compliance with the dampers containing new fusible links and replace any found not in compliance with the dampers containing new fusible links and replace any fusible links and re	omply stalled 5.2.2 ffected: dents be expers le links mper oliance inks th this se with cs. All	1/9/2015			
K 069	director during the su the administrator dur 12/1/14,	verified by the maintenance invey and acknowledged by ing the exit conference on ETY CODE STANDARD	 	K 069 NFPA 101 Life Safety Code Stan Cooking facilities are protected in accordanc 9.2.3. 19.3.2.6, NFPA 96 Residents affected/residents potentially afi	e with	1/9/2015			
SS≘E		protected in accordance	[* 1	Though no resident(s) were mentioned, resid residing in the facility have the potential to baffected by the cited practice. The damaged to	ents e				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/05/2014 FORM APPROVED OMB NO 1038-0301

		& WEDICAID SERVICES				MB NO	. 0938-0391
STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION S 01 - MAIN BUILDING 01	(X3) DAT	E SURVEY IPLETED
	·	445393	8. WING	G		120	01/2014
NAME OF	PROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE	12	01/2014
BRIDGE	AT MONTEAGLE ITH	E1			26 SECOND STREET		
BRIDGE AT MONTEAGLE (THE)					MONTEAGLE, TN 37356		
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG	IX.	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	86	(X5) COMPLETION DATE
K 069	with 9.2.3. 19.3.2 This STANDARD is Based on observat facility failed to main The findings include Observation of the Fon 12/1/14 at 11:49 filter. National Fire F 96, 8-4 (1998 Editio	.6, NFPA 96 not met as evidenced by: ions it was determined the ntain the cooking facilities. id: citchen's exhaust hood system AM, revealed one damaged Protection Association (NFPA)	K	069	identified will be replaced with a new filter 1/9/2015. Systemic measures: The Maintenance Director/Assistant Mainte Director will inspect all the kitchen exhaust system filters and ensure that all filters are i compliance with this code by 1/9/2015. Monitoring Measures: The Maintenance Director/Assistant Mainte Director will inspect all the kitchen's exhaust system filters monthly to ensure that each filters monthly to ensure that each filters monthly to ensure that each filters monthly to ensure that each filters monthly to ensure that each filters monthly to ensure that each filters monthly to ensure that each filters monthly to ensure that each filters monthly to ensure that each filters monthly to be in compliance. All negative will be reported to the administrator immediately findings will be reported to the QA commonthly.	mance hood mance st hood lter is in ilters findings iately.	
SS=E	director during the s the administrator du 12/1/14. NFPA 101 LIFE SAF Electrical wiring and with NFPA 70. Natio This STANDARD is Based on observation was determined the electrical equipment The findings include Records review on 1 the facility did not co retention force test of electrical receptacle	d: 2/1/14 at 1:54 PM, revealed induct the required annual fithe grounding blade of each located in the patient care Protection Association	К1		K 147 NFPA 101 Life Safety Code Star Electrical wiring and equipment is in accord with NFPA 70, National Electrical Code 9.1 Residents affected/residents potentially af Though no resident(s) were mentioned, resideresiding in the facility have the potential to be affected by the cited practice. The Facility Maintenance Director/Assistant Maintenance Director will complete the annual retention for test of the grounding blade of each receptach patient care areas and ensure that all receptace meet this code by 1/9/2015. Systemic measures: The Facility Maintenance Director developed process to check each receptacle located in p care areas to assist in conducting the required annual retention force test of the grounding be each electrical receptacle located in the patie areas. This test will be completed annually as of the facility preventative maintenance procemonitoring Measures: The Facility Maintenance Director/Assistant Maintenance Director will conduct the retent force test of the grounding blade of fifty electroceptacles located in the patient care areas areas in the patient care areas are	ance .2 fected: lents be orce e in the cles l a atient l dade of nt care s part ess.	1/9/2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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		& MEDICAID SERVICES				APPROVED	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CU		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01			. 0938-0391 E SURVEY IPLETED	
		445393	B. WING _		12	(01/2014	
NAME OF	PROVIDER OR SUPPLIER		· 	STREET ADDRESS, CITY, STATE, ZIP CODE	1. 141	0112014	
BRIDGE	AT MONTEAGLE (TH	E)		26 SECOND STREET MONTEAGLE, TN 37356			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	38.0	(X5) GOMPLETION DATE	
K 147	director during the s	ge 7 rified by the maintenance survey and acknowledged by tring the exit conference on	K 14	for three months, and the required annual force test of the grounding blade of each e receptacle located in the patient care areas to ensure that all receptacles meet this cod replace any found to not be in code. All no findings will be reported to the administra immediately. All findings will be reported QA committee monthly.	lectrical annually c and gative tor		
						:	